UNFADING INK-THIS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH

N. B.

ú

4808 1 PLACE OF DEATH Caroline Vear May Les

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 60

St ;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mace Clock (Write the word)	16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, Ibat attended december (
DATE OF BIRTH 7.	Jan 1913 to april 1 191
(Month) (Day) (Year)	
If LESS that if day,	The CAUSE OF DEATH * was as follows:
OCCUPATION 4	
1) Trade, profession of Aurole	- Jan- Jacan
General nature of industry, siness, or establishment in	(0,-11-)
olch employed (or employer)	Contributor / (Unation) yrsmos.
State or country) Mrcer Ce Co Mu	(Secondary)
10 NAME OF FATHER	(Signet) with the sign of the
11 BIRTHPLACE	#//9 7913 (Address) 4009
OFFATHER (State or country)	State the DISEASE CAUSING DEATH OF In double for
12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCURATEL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
OF MOTHER (State or country Cul Envery	At place in the of death yrs mos ds. State yrs mos
THE ABOVE IS THE TO THE GEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informati) Pulled / Mickell	Former or usual residence
Address Mary del Man	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
140	Dethel 4/19, 181
led 4/18 1913 Wyleother	20 UNDERTAKER APOBESS
doce REGISTRAR	Noway hicken hellich

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it in and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological control con

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the valvular heart discase; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can death), 29 ds.; State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 2 1918
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

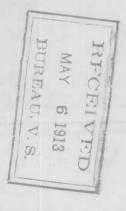
1 PLACE OF DEATH 4809	STATE OF MARYLAND CERTIFICATE OF DEATH	
County County	Registration Dist. No. 64	
Village or City He deralshing (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Single Widowsce ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from	
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h. Malive on	
7 AGE If LESS than	and that death occurred on the date stated above, at	
business, or establishment in which employed (or employer) SEIRTHPLACE (State or country)	Contributory (Secondary)	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Edgan Againan	Contributory (Secondary) (Duration) yrs mos ds. (Signed) 19 19 19 19 19 19 19 19 19 19 19 19 19	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
of MOTHER M. Louise Fractis 13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death	
(Informant) CONTRACTOR THE BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence	
(Address) Hederalshung Md Filed appl // 1913 B / Jeffer Sour REGISTRAR	Bethel Md Spy 1913. 20 UNDERTAKER ADDRESS ADDRESS	
of more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Gigcery; (a) Foreman, (b) Automobile factory. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the disease causing different with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal schichaemus," "Old Age," "Shock." 'Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of _ "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



BINDING FOR RESERVED MARGIN

RECORD	PHYSICIANS shoul of OCCUPATION
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION inportant. See instructions on back of certificate.

4810

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[if death occurred in

	FULL NAME Still Forn - Ex	give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
er ler	4 COLOR OR RACE 6 SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)	
6 D	ATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on ce , 191, 191	
7 AC	Still form 1 day,hrs. yrs. mos. ds. QRmin.?	and that death occurred on the date stated above, at	
(a) pai (b) bus whi	CCUPATION) Trade, profession, or rticular kind of work General nature of industry, liness, or establishment in lich employed (or employer) IRTHPLACE tate or country)	(Duration) yrs, 6 mos ds. Contributory (Secondary)	
OF FATHER Class Country) 10 NAME OF FATHER Class Country 11 BIRTHPLACE OF FATHER (State or country) Let Country		(Signed) 7, 1913 (Address) Federals May 10. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentals.	
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs	
	(Informant) Las Carross	Where was disease contracted, It not at place of death? Former or usual residence	
15 Fl	(Address) Hederalshing Md 100 April 15 1913 B/S Jefferson REGISTRAR	Pederalshing Md april 1913. 20 UNDERTAKER LIAS GALLON HEDERALSHING PEDERALSHIP ADDRESS HEDERALSHING	
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples:

(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." If the occupation has For persons

Statement of cause of death—Name, first, the diberase causing death—Name, first, the diberase causing death—Name, first, the diberase causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diberumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal scptichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Canor as probably Examples: For vio-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village or City Suits (No Shee	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale while wire the word) \$ SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIGOWEO, ORDIVORCEO (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
TAGE (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (ESS than 1 day,hrs. ORmin.? Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	that I last saw had alive on 2 1915, and that death occurred on the date stated above, at 42 m. The CAUSE OF DEATH* was as follows: Complete Constitution of the date stated above, at 42 m. (Buration) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M, D. , 191
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Where was disease contracted, If not at place of death?
(Informant) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUNDERTAKER ADDRESS OF Frankling St. Palto Proposition V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using siways the same, accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUTEPTEAL septicharcause of death approved by Committee on Nomencla ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. ture of the American Medicai Association.) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds. Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion." Never report Examples: cause for



RECORD ERMANENT BINDIN DING ESI ARGIN

state Very

10

SICIANS should occupation is

Jo

Exact

classiffed.

properly

may

that It

80 Jo

plain

5

EATH

be

should

Information

Po Q

Item OF

m

ż

certificate.

back terms,

CO

Instructions

Important. Every It

be

phoule

AGE

supplied. pe

PHYSICIANS

EXACTLY

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... Ilf death occurred in (No ... St.:....Ward) a hospital or lostitution. give its NAME instead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR BACE MARRIED. WIDOWED, WELLOUT (Month) (Write the word) I HEREBY CERTIFY, That J attended deceased from 6 DATE OF BIRTH course. (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ы CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ... State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 REGISTRAR off more blanks are needed, address State Beylstrar, CD. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise spect-fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "H art failure," "Haemorrhage," "Inanition," "Maras. cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronie interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as ample: Measles (disease causing death), 29 ds.: oma. Surcoma. etc., of ls less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify aii diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

S. No. 1.

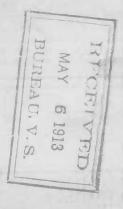
Co	unty Caroline 28	STATE OF MARYLAND CERTIFICATE OF DEATH
Vi	iliage or City Near lederaleburg. (No	Registration Dist. No. [if death occurred in a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 _{SE}	Schooler (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
8 D/	(Mouth) (Day) (Year)	17 I HEREBY CERTIFY, That 1 attended deceased from Selfs 15 1912, to April 29 1918, that I last saw hamalive on Office 21 1918
(a)		and that death occurred on the date stated above, at 8-40-P-m, The CAUSE OF DEATH* was as follows:
(b) busi whice	General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE ate or country)	(Buration) yrs. mos. ds. Contributory (Secondary)
	10 NAME OF Perry W. Cornish.	(Signed) 3/3 Leffe Sou mos ds. (Signed) 3/3 Leffe Sou M. D. (Address) the devaluation and
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
	Interment, Perry W. Ornish	It not at place of death? Former or usual residence
15 FII	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL O 189 DURY Centery Der. 25", 1913 20 UNDERTAKER 5.T. Frank ton & Don Tederalsburg.
	It wore blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Chacery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Bealthful-(d) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman," (b) Cotton mill; (a) Salesman, (b) If the occupation has

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menunonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpernal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock." 'Traemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT-DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," thonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of __ Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent (Recommendations on statement of may he stated under (name origin; "Can State cause for Examples:



RECORD	PHYSICIANS Theuld state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Mould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Very-important. See instructions on back of certificate.

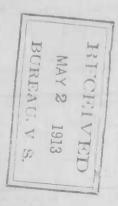
	PLACE OF DEATH	4814	at the same	- Andrews - Control of the Control o	STATE OF MA	ARYLAND
-	Caroline	1014		_)	CERTIFICATE (OF DEATH
Go	Ridal	n. I	(1	0)	Registration D	
Vil	lage or City	(No			St.;Ward	a mospital of institution,
	1 1	0	1	10		give its NAME instead of stree1 and number.]
	FULL NAME W	examo	ev	Nu	steer.	or street and number.
	PERSONAL AND STATISTICA	L PARTICULAR	rs .		MEDICAL CERTIFICATE	OF DEATH
38	EX 4 COLOR OR RACE 5	SINGLE, MARRIED, MA	mid	16 DATE OF	DEATH (hail	/
n	vale ourcasion	WIDOWED, ORDIVERCED (Write the word		-	(Month)	(Day (Year)
6 0	AYE OF DIONII	(Write the word	()	17	I HEREBY CERTIFY, That	t I attended deceased from
- 5	ATE OF BIRTH	14	- 1	mar,	4 , 1913 , to U	pril 1 , 191 3
	(Month)	(Day	(Year)	that I last saw	v h im allve on mile	W. 31 1913
7 A		(tray	If LESS than			
	71	77	t day,hrs.		h occurred on the date state OF DEATH* was as follows:	
	yrsmo	sds.	ORmln.?	THE CAUSE O	F DEATH * Was as follows:	
	CCUPATION Trade, profession, or	1-		***************************************		
pa	rticular kind of work. Rev	w	00000000000000000000000000000000000000	Jte 1	of otalling	***************************************
(b)	General nature of industry, iness, or establishment in Arrese	0 1	g warm		- I - I - I - I - I - I - I - I - I - I	
wh	ch employed (or employer)	Carpenl	w		(Duration)	yrsmos/ds
9 B	RTHPLACE (State or country) Z	0		Gontributo Secondary		20000000000000000000000000000000000000
	- Hullou	Co. Pa		- Containing	(Duration)	2 400 000 17 40
	10 NAME OF FATHER	0	1	(Ciomad)	(Julation)	yrs. mos. 4 ds
S	Caul fru	y our	b .	(Signed)	P.	M. D
Ë	11 BIRTHPLACE OF FATHER	f. 1 a		aft. 1	, 191.3. (Address)	agely ma.
PARENT	(State or country)	Jud or	W.	*State the	e Disease Causing Death, ote (1) Means of Injury;	or, in deaths from VIOLENT
AF	12 MAIDEN NAME OF MOTHER	P1 0	. /.			
	13 BIRTHPLACE	rug or	4.	OR RECENT	F RESIDENCE (FOR HOSPITAL RESIDENTS)	S. INSTITUTIONS, TRANSIENTS
	OF MOTHER (State or country)	Lind o	uh	At place	rs mos ds. State	
14 7		OF MY KNOWLE	DOE	Where was diseas	se contracted.	yrs ds
	Rand	Dack	-	If not at place of Former or	death?	
	(Informant)	X MARY	27.	usual residence	25 t at adadque pl 700 0000	**************************************
	(Address) 703 Uma	u Sl W	il all	19 POACE OF	BURIAL OR REMOVAL	DATE OF BURIAL
15	,			Keda	ely	april 3, 1913
FII	ale 3 1913 /1)	Davis		20 UNG ONT	9/.	ADDRESS
		R	EGISTRAR	SHE	itehott	Guenston
	If more blanks are	needed, address	State Regist	rar, 6 E. Frankl	lin St., Baito., Requesting V.	S No. 1 2.
						nea Ma

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory tetanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent) death), 29 ds.; State cause for For vio-



CAL

state Very

should

STATE OF MARYLAND 1 PLACE OF DEATH 4815 CERTIFICATE OF DEATH Registration Dist. No... [If death occurred in St: Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH (Day) (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. Moure (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address)/I 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs, mos, Where was disease contracted. 14 THE ABOVE IS TRUE TO TH If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

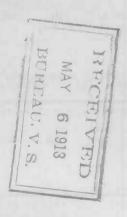
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Bealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia industrial indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologis

cause of death approved by Committee on Nomencla ture of the American Medical Association.) sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal schtichaeetc., when a definite discase can be ascertained as the ample: Measles (disease causing death), 29 "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under (secondary or intercurrent (name origin; "Can State cause for Examples : For vio-



ERMAN S AGI supplied UNFADING WITH O O

SICIANS should occupation is

classified.

properly

be

тау

that

plain

=

EATH

Every Item CAUSE OF Important. S

8

Instri

SICIAN RECORD

ENT

1 PLACE OF DEATH County Caroline St.: Ward) PERSONAL AND STATISTICAL PARTICUL 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, week WIDOWED, (Month) (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or nichaus particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE (Address). ARENT OF FATHER 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. Where was disease contracted. if not at place of death?... Former or usual residence 15

REGISTRAR

If more blanks are needed, address State Registrar, S. Franklin St. Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[if death occurred in a hospital or institution. give its NAME instead

of street and number. I MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at hunic Endo ear de *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State yrs. ____ mcs. DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUTEPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: usat neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can The nature of the Never report Examples: For vio-

If this certificate is looked over thoroughly and all questious answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

IMAY 1 1913

BUREAU, V.S.

W. S. No. 1.

9	ounty learning 4817	STATE OF MAI CERTIFICATE O	F DEATH
	FULL NAME Infant No.	name: Ward)	[it death occurred lo a hospital or institution, give its NAME instead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 8	By afrem Street (Write the word)	16 DATE OF DEATH Offil 4 (Month)	(Day) , (Year)
6 0	ATE OF BIRTH April 17, 1913 (Month) (Day) (Year)	that I last saw have ally on the	28, 191 2,
7 A	ge 1t LESS fhan 1 day, hrs. or min. ?	and that death occurred on the date stated at the CAUSE OF DEATH* was as follows:	above, st. Pa.m.
pa (b) bus	CCUPATION) Trade, protession, or rticular kind of work) General nature of industry, siness, or establishmeet to ich employed (or employer)	(Duration)	yrs. mos 8 ds.
	latte or country) Concline low Md	Gontributory (Secondary) (Duration)	Yrs mas ds
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF M		(Signed) 7, 191 2 (Address) State the DISEASE CAUSING DEATH, Or, II CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	bkus ; h. D.
Ь	13 BIRTHPLACE OF MOTHER (State or country) lean alm les	18 LENGTH OF RESIDENCE (FOR HOSPITALS. I. OR RECENT RESIDENTS) At place In the ot death	MSTITUTIONS, TRANSIENTS,
14-	Informant) Hrunh Mathins	Where was disease contracted, It not at place of death? Former or usual residence. 19 FLACE OF BURIAL OR REMOVAL	Westers -
15	May 8" Tel 1915 Tel 1915	29UNDERTAKER	ADDRESS
	If more blanks are needed, address State Registrar	r, 6 E. Frankin St., Dalto., Requesting V. S. N.	o. 1. Mil.



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Orocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "Publebeal septicharcer" is less definite; avoid use of "Tumor" for malty cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough: Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory Meastes (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion." (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin: "Can Examples: For vio-



So. ú

m

ż

PHYSICIANS should state of OCCUPATION is very No. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS Exact statement 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, Write the words S DATE OF BIRTH classified. (Month) (Day) If LESS 7 AGE 1 day, 0 properly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, may be business, or establishment In which employed (or employer) that it mi ⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER 80 ō ARENTS back 11 BIRTHPLACE terms, OF FATHER (State or country) uo 12 MAIDEN NAME OF MOTHER DEATH In plain 1 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE See Every item of CAUSE OF I Address : 15 REGISTRA

If more blanks are needed, address State Registra

PLACE OF DEATH

4818

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

186	St; Ward) [If death occurred in a hospital or Institution,
Enk	give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
n de	16 DATE OF DEATH (Month) (Day) (Year)
(Year)	that I last saw har alive on I alter ded deceased from the I last saw har alive on I ali
LESS than	and that death occurred on the date stated above, at 7 30 m,
ay,hrs. min.?	The CAUSE OF DEATH* was as follows:
	(Direction)
	Contributory
)	(Signed) (Ouration) yrs dos.
	April 26, 191 3. (Address) forEstors. M
>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLUNT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
1	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
1	of death yrs mos ds. State yrs mos ds
Ž.	If not at place of death? Former or usual residence. Column of the col
ZV.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL CONTROL OF BURIAL TO 181 3
STRAR	Hurry Hollin Gorston
strar, 6 E	E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. *Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For vio-



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

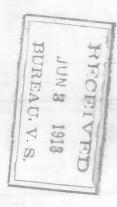
	Ilage or City Religely Mono. 2 FULL NAME MARY OF THE	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 66 St; Ward) St; Ward) St; Ward istead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male White Single, Married, widowed, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY/CERTIFY, That I attended deceased from
6 D#	TE OF BIRTH	726 20, 1913, to apr. 28, 1913,
	(Month) (Day) (Year)	that I last saw h se alive on and 2 % 1913
7 AG		and that death occurred on the date stated above, at 12 36 pm. The GAUSE OF DEATH* was as follows:
(a) part (b) busin	Trade, profession, or Hause Wiff General nature of industry, less, or establishment in	Cothanpliva (Duration) yrs. mos. 2 ds.
9 81	ate or country) Moryland	Contributory at Cristian Trust
ENTS	11 BIRTHPLACE OF FATHER (State or country) Mary land	(Signed) O O O O O O O O O O O O O O O O O O O
PAR	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Informant)	Where was disease contracted, If not at place of death? Former or usual residence
15 File	May 1 191 3 Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL PARTY OF BURIAL 20 UNDERTAKER WITH ADDRESS Miller Mi
	more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(d) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The question For persons

Statement of cause of death—Name, first, the Insease causing death—Name, first, the nisease causing death—Name, first, the nisease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease cansing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For VIO-



2	M
2	Da
Ш	T te
ET.	ta
4	0
	D E
S	0 0
	In In
S	20
I	W >
1	EL S
	0 0
X	p
=	0 0
43	9 A
2	d >
=	7 2 2
Q	at a
A	== 5
1	二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
=	th
_	0 0
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM	0 00
F	D X
=	DES
>	er.
-	4 to
1	i c
Z	on on on
A	# #
1	E - D
۵.	H
fr1	E TE
H	_ 11 0
2	Soo
×	EL
-	100
	世世間
	JS
	AL
	Every item of information should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact important. See instructions on back of certificate.

N. B.-

PHYSICIANS should of OCCUPATION IS

XACTLY.

RECORD

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 _{SEX}	4 COLOR OR RACE 5 SINGLE, MARRIED, WISOWED, ORSINGLED (Write the Word)	16 DATE OF DEATH (Month) (Day) (Year)	
6 DATE OF BI		that I last saw h alive on him alive on 191	
TAGE	e Brown 1 day, hrs. or min.?	and that death occurred on the date stated above, at	
(a) Trade, profess particular kind of	sion, or	The Born	
(b) General natur business, or est which employed (re of industry, lablishment in 22222	(Ouration) yrs. mos ds.	
9 BIRTHPLACE (State or cour	intry) Greenstoro mo.	(Secondary)	
OF FATHER Sance She Clember 11 BIRTHPLACE OF FATHER (State or country) 7 22 0,		(Signed)	
13 BIRTHI OF MO (State of		At place in the of death yrs mos ds. State yrs mos ds.	
	Barle Mebleweits	Where was disease contracted, If not at place of death? Former or usual residence	
Address	Ducuston md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SHEETS OF MA april 1913.3	
File Gerel	19 1913 Rull Plummer	20 UNDERTARER ANDRESS Whitehelt Receision	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Mahager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing description with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum, etc.. Carcinoscipios

childbirth or miscarriage. as "Puerperal septichae etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g. Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of ... tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Never report Examples:



	1 PLACE OF DEATH	STATE OF MARYLAND			
	Particle 4821	CERTIFICATE OF DEATH			
G	ounty WWW WYG	Registered No. 62			
V	illage of City Arthol (No. 1)	St; Ward) [If death occurred in a bospital or institution, give its NAME instead of street and number.]			
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 5	Le America	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from			
6 0	ATE OF BIRTH (Month) 340 (Day) F (Year)	that last aaw h alive on 191			
7 A	is stop than	and that death occurred on the date stated above, at			
A10	29 yrs. // Mos. 26 ds. OR min. ?	The CAUSE OF DEATH* was as follows:			
(a	CCUPATION) Trade, profession, or Farmure rificular kind of work	Street by a glassen age			
bu) Beneral naturé of Industry, siness, or establishment in nich employed (or employer)	(Duration) yrsmosds.			
9 8	State or country) Relaware	(Secondary) (Duration) yrs. mos. ds.			
PARENTS	10 NAME OF nathaniel melvin	(Signed) (Signed) (Address) (Address			
	State of country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-			
	12 MAIDEN NAME of MOTHER white Still bere	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
	OF MOTHER (State or country)	At place of deeth yrs mos ds. State yrs, mos ds.			
(Informant)		If not at place of death?			
16	(Address) Horrs mg.	19 place of Burial or REMOVAL DATE OF BURIAL QUE. 30, 191.3			
F	11ed 4/3-9/13, 191 Dew Yell C. Jeogge On S	C. U. adams & oro. Federalsburg			
more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.					

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite-salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Mapager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," G+ocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons 0

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Sample: Measles (disease causing death), 29 affection need not be stated unless important. dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purepreal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for For VIOds.;



OCCUPATION PHYSICIANS RECORD 10 statement RMANENT BINDING Exact stated PE classified. 4 be AGE should properly class ERVED supplied. pe may carefully of that it O 80 MARGIN pe back terms, pinous plain Ou Informati 2 EATH See P Item E OF Every Item CAUSE OF Important,

certificate.

90

uo

Instructions

state Very

pinous

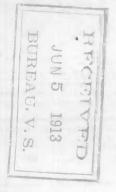
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or Institution. give its NAME lostead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. OR min. ? 6 OCCUPATION (a) Frade, profession, or, particular kied of work (b) General nature of Industry. business, or establishment lo which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the _____ yrs. ____ ds. State _____ yrs. ____ mos. ____ Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Greecery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosts of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acch ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For VIO-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN S. No. 1.

1 PLACE OF DEATH

county Caroline 4823	CERTIFICATE OF DEATH Registration Dist. No.	
Village or City Hederals Mrg (No.)	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCEO, OR	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from	
B DATE OF BIRTH Sefo 14, 19/2 (Month) (Day) (Year)	that I last saw h la alive on A last 13 1913.	
7 AGE 1t LESS than 1 day,brs. ORmin. ?	and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows:	
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	amarma premmoma	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)	
10 NAME OF Protect Well	(Signed) B. H. Jefferson, M. D.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,	
(Informant)	It not at piace of death? Former or usual residence	
(Address) Hederalswag Md 16 Filed JON 16, 1913 BK Jefferson REGISTRAR	Pederalsburg Md assix 6, 1913. 20 UNDERTAKER Phramstom & Son Federalsburg	
(1) more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

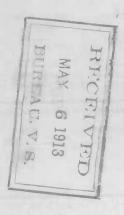
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a): Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death-Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Purreman septichaemus," "Old Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion, (name origin; "Can-State cause for Examples:



BINDING FOR RESERVED MARGIN

ń

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT ⋖ 2 UNFADING, INK-THIS WRITE PLAINLY, WITH

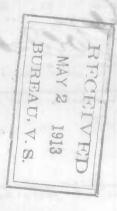
C	ounty Caroline 4824	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.	
V	illage or City Ingleside (No.)	St; Ward	fif death occurred in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Je	** ACOLOR OR RACE Single MARRIED, WIDOWED, WIDOWED, ORGINORED (Write the word) ATE OF BIRTH September 12 , 1879 (Month) (Day) (Year)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I March 20, 1913, to Opru that I last saw hard alive on Opru	١١٥١ ك.
(a) par (b) bus whi	SE If LESS than 1 day,hrs. ORmin.? CCUPATION 1 Trade, profession, or recurrence findustry, iness, or establishment in ch employed (or employer) RTHPLACE tate or country)	and that destron curred on the date stated The CAUSE OF DEATH* was as follows (Deation) Contributory (Secondary)	yrs. mos ds.
PARENTS	10 NAME OF FATHER P. D. Churler 11 BIRTHPLACE (State or country) In Juse and Co. 12 MAIDEN NAME OF MOTHER OF MOTHER CO. 13 BIRTHPLACE OF MOTHER (State or country) Caroline Co. Md.	(Signed) (Signed) (Signed) (Signed) (State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; And TAL, SUICIDAL, OF HOMICIDAL. (Signed) (Signed)	I (2) whether ACCIDEN-
15	ed Apr. 30, 1917 W Cleoper REGISTRAR	Where was disease confracted, If not at place of death? Former or usual residence	DATE OF BURIAL May 1918 ADDRESS GREENSON
15	(State or country) Caroline Co. md. HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H Junghes (Address) Soldsbero ma ed Apr. 20, 1912 W Clooper	Af place of death	May L 191

[Approved by U. S. Census and American Public Health Association.]

Manager," "Dealer," etc., without more precise specithaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The statement. cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nise as causing nearth (the primary affection with respect time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the death), 29 ds.; "Exhaustion," Never report Examples:



Very

PHYSICIANS should of OCCUPATION is

statement

Exact

classified.

properly

pe supplied

may

certificate.

jo

back

60

Instructions plai

See 0 0

mportant.

CAUSE

terms,

c

5

Item OF

B

ż

STATE OF MARYLAND 1 PLACE OF DEATH 4825 CERTIFICATE OF DEATH Registered No. fif death occurred in Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEY 1913 MARRIED. WIDOWED, (Month) (Day) (Year) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) If LESS than TAGE and that death occurred on the date stated above. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE K OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State yrs. _ of death yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIA 20 UNDERTAKE ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication. as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(u) Spinner, (b) Cotton mill; (a) Salesman, (b) Oxoccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulbeen chauged or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as statement. ntaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many I'hysician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. liousewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

sepsis, tetanus) such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencia-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma, etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. 8by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acol-LENT DEATHS State MEANS OF INJUST and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the da.;



	RECORD	PHYSICIANS should state to of OCCUPATION Is very	
7. 8. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	1
8-4		-	

County Caroline 4826	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6/
Village or City Leulon (No	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Hacks Single, Marked, Wisherston (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
EDATE OF BIRTH (2014 Revour), 1830	Mar 17 1915, to Mar 13 1915
7 AGE (Month) (Day) (Year) 1 If LESS than 1 day,hrs. 0 ormin,?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Frade, profession, or particular kind of work	The atter lune hour,
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER Wint burn	(Signed) ON, Tulu , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ?	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the af death yrs, mos, ds.
(Interment) Aurus Stanfur	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Dellen 249 15 File Spel // 1913 Ruch Plummer	19 PLACE OF BURIAL OR REMOVAL PLAN WILLISTON 20 UNDERTAKER ADDRESS
Local REGISTRAR	Whitchell Breench
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

.(a) Spinner, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing peath, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materful worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, perifonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purrerran septichaeample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT BINDING ciassifled. properly supplied. may that ARGIN terms, plain E DEATH 9 mportant. Ы Every m

0

instructions

ż

state

Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilf death occurred in .Ward) a hospital or Institution. give Its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. DRDIVDRCED Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Day) TAGE If LESS than and that death occurred on the date stated above, at. f dayhrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 191 3 ... (Address) ENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-PAR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the of death yrs. mos. ds. State yrs. Where was disease contracted. OF If not at place of death? Former or usuai residence BURIAL OR REMOVAL 16 REGISTRAF tf More blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(q) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosts of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Can death), 29 "Exhaustion," Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING d UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH S. No. 1.

1 PLACE OF DEATH

4828

County Caroline	CERTIFICATE OF DEATH
County Caroline	Registration Dist. No. 62
Village or City Decetar Mo.,	St.; Ward) [If death occurred in a hospilat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH Alonth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	april 9, 1913, to april 19, 1913, that I last saw h Law alive on april 19, 1913
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. / U ds. Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Tuary land	(Signed)
12 MAIDEN NAME OF MOTHER PRINCE & Friend 13 BIRTHPLACE OF MOTHER (State or country) 7 MAIDEN NAME FRIENDS 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mcs, ds. Where was disease contracted.
(Informant) William & James	If not at place of death? Former or usual residence
(Address) Deutsu Man 15 Filed 4/30/3, 191 Dollarye on Da REGISTRAR Of the more blanks are needed, address State Begistr.	20 UNDERTAKEB ADDRESS ALLEGATION AND SELECTION AND SELECTION

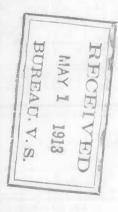
STATE OF MARYLAND

[Approved by U. 8, Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulmine, etc. cases, especially in industrial employments, It is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrperal septichar-mia," "Purrperal peritonitis," etc. State cause for sepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemla," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can Never report Examples: For vio-



BINDING ERVE Œ ARGIN

RECORD Jo statement PERMANENT Exact tated classified. pinoda properly AG Z supplied. pe may Carefully that pialn terms, pinous Information ۳ DEATH of 10 mportant. Every It.

> m ż

Very PHYSICIANS should state OCCUPATION IS certificate. 50 back 0 Instructions See

STATE OF MARYLAND 4829 CERTIFICATE OF DEATH Registration Dist. No. It death occurred in ...Ward) a hospital or Institution, give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, 2 WIDOWED, ORDIVORCED (Write the word) That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day,hrs. OR mie. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country At place In the ot death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. ds. Where was disease contracted. MY KNOWLEDGE it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Greecry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfuiwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the mia," "Puberebal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: FOI VIO-



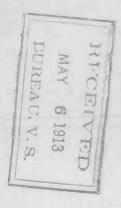
PLAGE OF DEATH	STATE OF MARYLAND
county Caroline 4830	CERTIFICATE OF DEATH
County Correction 1000	Registration Dist, No.
7110	- The state of the
Village or City Sederalsburg, (No.	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead
FULL NAME Darah Jame	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE,	18 DATE OF DEATH OLD 1913
Servale, White widowed.	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Mrou. 2H" 1838	May 29, 1913, to a 28 8, 1913,
(Month) (Day) (Year)	that I last saw h. l
7 AGE If LESS than	and that death occurred on the date stated above, at 1-0 - m.
7 Lyrs. C mos. Ly ds. ORmin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	acute Indigestion
(a) Trade, profession, or	
particular kind of work (b) General nature of Industry,	V
business, or establishment in	(Duration) yrs. mos. / O ds.
which employed (or employer)	Contributory Exhaustion
State or country)	(Secondary)
	(Duration) yrs mos. 3 ds.
FATHER Thos Sevenson.	(Signed) 19 19 Lefferson M. D.
O II BIRTHPLACE	aby 10, 1913 (Address) Federalshura Ma
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	
TE 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Jamie Germing.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
(State or country) anglound,	of death yrs mos ds. State yrs mos ds
14 THE ABOVE ASTRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Chas, W. Walker.	Former or
Head of the state	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lacour eus verre, vun,	Lederal Brieva dad Abar sall
16 show it a Rold On Character	20 UNDERTAKER A ADDRESS
Filed (1917) The REGISTRAR	and the sound of t
If more blanks are needed, address State Regis trar, 6	E Franklin St. Polita Planasting F. S. No. 1
La more branch are needed, addition beate Regis trait, o	a. crapkin St., Baito., Avquesting V. S. No. 1.
	the second secon

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death-Name, first, the disease causing death-Name, first, the disease causing death-Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumenta"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. mus," "Old Age," "Shock," 'Traemia," "Weakness," mere symptoms or terminal conditions, such as "As sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "IVERPERAL scptichae etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Examples:



1 PLACE OF DEATH	4831	STATE OF MA	RYLAND
(de - luis)	X00%	CERTIFICATE (OF DEATH
Gounty County		1	(0.5)
nen -// "		Registration D	Pist, No.
Viliage or City His be	(No.	,St.;Ward	a moopitus of the monte
	1.1 mg	hall:	give its NAME instead of street and number.]
FULL NAME	el may	Melans	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
	SINGLE, MARRIED,	18 DATE OF DEATH	3 1013
	WIDOWED.	(Month)	(Day) (Year)
muc much	Write the word)	17 I HEREBY CERTIFY, That	I attended deceased from
6 DATE OF BIRTH	1" 01	4-3-, 1913, to 4	-3 - 1915,
Jw.	(Day) (Year)	that I last saw h alive on 4	- 3 1913
7 AGE	(Day) (Year)		above at 8-43Pm
AGE	1 day,hrs	and that death occurred on the date stated	above, at O'T'm,
yrs. 8 mos	ds. OR mlo. ?	Ine CAUSE OF DEATH * Was as follows:	
8 OCCUPATION 2		600	,
(a) Frade, pretession, or particular kind of work	me	aruskla	
(b) General nature of industry,	7		
business, or establishment in which employed (or employer)	none	(Duration)	yrsmosds.
	< n		: рисшини
9 BIRTHPLACE (State or country)	ul Co.	(Secondary)	
10 NAME OF	7.1.	10/1/2~12/10	yrsmos. P. ds.
FATHER OUNTS	Melexun	(Signed)	, M. D.
O 11 BIRTHPLACE		4-3-,191 3. (Address) 74	elle (m)
State or country)	rangland	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; an	in deaths from Viorwan
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	7 ' /04	TAL, SUICIDAL, OF HOMICIDAL.	u (2) whether Acciden-
a Mother May	myh	18 LENGTH OF RESIDENCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE		At place In the	
(State or country)	angene	of death yrs mos ds. State Where was disease contracted,	yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST	F MY KNOWLEDGE	If not at place of death?	00000000 0 0 000000 V2 V2 0 0 2000 ALADOS 0 000 0 000 20 00 00 00 00
Interment)	Manno	Former or	
200	-1/61	19 PLACE OF BURIAL OR BEMOVAL	
(Address) 2 2 11 15	1770	B-11 CHRISTIAL	DATE OF BURIAL
15 14-11 2 1	Ag blent	2º UNDERTAKER	4-4-,1913
Filed 7 7 1910	1 000 8 A	hatte.	and so
O Marin Marin	REGISTRAR PAR	1 / Here / ST	7
It more DIRTIES are De-	eden, andress State Regis!	trar, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.

STATE OF MARYI AND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question gainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not minc, etc. ecation, as Day laborer, Farm laborer, Laborer material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," Examples: For vio-



2

Sho	1	near Bridget
INS	V	illage or City Mage
HYSICIA of OCCU		FULL NAME
. =		PERSONAL AND STATISTICAL
	3 51	Will Black
stated.	6 D	ATE OF BIRTH Dout
fled	7	(Month)
hould	4	Chout 45 yrs
AGE	(a) par (b)	CCUPATION) Frade, profession, or ricular kind of work General nature of industry, iness, or establishment to
uppl	whi	ch employed (or empleyer)
t it m	9 BI	rathelace tate or country)
0 0		10 NAME OF Sout
D . X	ENTS	11 BIRTHPLACE OF FATHER (State or country)
	PAR	OF MOTHER DONA
nat In		OF MOTHER (State or country)
FAT Se In	147	HE ABOVE IS THE TO THE BEST
5 L		Informant Verency //
SE ortar	DIVIDITAL	(Address) Avellavo
CAU Impe	15 Fil	april 15 1913 fully
	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAT See instructions on back of certificate.	Tivery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAT mportant. See Instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Diet	No	61
Registration	DIST.	HO	bledead

S	t :	Ward)	

[It death occurred in

mid

LL NAME John Wile	leaves give its NAME lostead of street and oumber.]
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Black (Write the word)	16 DATE OF DEATH LYCL 12, 191.3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Nout Brow Tear) (Month) (Day) (Year)	that I last saw h alive on 191, 191
1 If LESS than 1 day, hrs. or or Jarn Laborer	and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH* was as follows: Nearl failure Valuabler Leven.
e of industry, abiishment lo or empleyer)	Contributory
of Dout Know	(Secondary) (Doration) yrs mos ds. (Signed) tulk Plummes foral Registrar
PLACE THER COUNTRY) DON'T KNOW N NAME N	*State the DISEASE CAUGHSS) DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PLACE TOUT TOWN THER Country) DOWN Thow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEMTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
Henry Morris	Where was disease contracted, If oot at place of death? Former or usual residence.
Goldsboro Md R. F.	Musion April 13, 1813
15, 1813 Suth Phenmer	20 UNDERTAKER ADDRESS A Nortchell heust

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers cation, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional iinc is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question nine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosts of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpersal septichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Marasoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples:



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state a DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT BINDING IS FOR UNFADING INK-THIS RESERVED WRITE PLAINLY, WITH MARGIN Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

S. No.

>

N. B.1

ounty Paroline Village or Gity Ridgely (No. 2) 2FULL NAME Redarcus Res	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 66 St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widow Ed. (Write the word)	16 DATE OF DEATH April /3 ,1913. (Month) (Day (Year)
7 AGE 8 4 yrs 1 mos ds. ORmin.?	that I last saw her allow on the date stated above, at 230 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) BIRTHPLACE (State or country)	(Duration) - yrs - mos 5 ds. Contributory arterio - Selevario - aphasia
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF GOT MOTHER OF MOTHER	Secondary (Signed) (Sign
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TABLE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds Where was disease contracted, it not at place of death?
(Informant) College Cheson (Address) Redgely Md 16	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Sullersville Maria 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

REGISTRAR

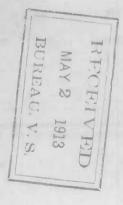
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up ou account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoucsis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



NO

SIGIANS should state OCCUPATION Is very PHYSICIANS RECORD ENT EXACTLY ERMAN pinous properly AGE supplied. ADING may certificate. that of terms, should 60 plain Instructions Information _ DEATH See ō Every Item CAUSE OF Important.

m

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in St :----Ward) a hospital or Institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 3 SEX 4 COLOR OR RACE (Day) (Year) (Write the word) CERTIFY. That I attended deceased from 6 DATE OF BIRTH 51 (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of won (b) General nature of industry. business, or establishment lo which employed (or employer) ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. (State or country State _____ yrs, ____ mos. ___ ds. Where was disease contracted. If not at place of death?. Former or usual residence. OR REMOVAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ture of the American Medical Association. cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Hart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of __ (name origin; "Can etc. State cause for "Exhaustion," Examples: For vio-

